

KENTUCKY TEACHERS' RETIREMENT SYSTEM
479 Versailles Road, Frankfort, Kentucky 40601-3800, PH 502/848-8500

Information Regarding Leave of Absence

We submit this information so that the Kentucky Teachers' Retirement System (KTRS) can determine the eligibility and/or cost of the following member to purchase a leave of absence.

Name _____ Social Security Number _____

Address _____

1. Attached is a written authorization of the employer's approval of the leave of absence. *(Board Minutes that cover more than one fiscal year for a LOA will require a LOA-1 form to be completed for each fiscal year.)*
2. The dates covered by the leave for fiscal year _____ are _____ through _____. *Please list one fiscal year only.*
3. The number of normal contract days for this employee is _____.
4. If contributions have been withheld, the number of days paid was _____.
5. If the leave started after the beginning date of the school year, the employee's yearly contract salary was \$_____.
6. If contributions were withheld, the amount withheld was \$_____.
7. Was any portion of the contribution matched by federal funds? Yes ☐ No ☐
If so, what percentage? _____ %
8. Did the employee begin work on the first day of the normal school year in which the leave occurred? Yes ☐ No ☐

Certification of Agency Official

I certify that the information provided accurately reflects this employee's employment and earnings information as it relates to KTRS.

Signature of Agency Official

Title

School District or Agency

Date